MOUNT CARMEL HEALTH & REHABILITATION CENTER

5700 WEST LAYTON AVENUE

MILWAUKEE 53220 Phone: (414) 281-7200 Ownership: Nonprofit Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 457 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)						
Home Health Care Supp. Home Care-Personal Care	No No						41.0 35.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	2.3	Under 65	6.4	More Than 4 Years	23.8	
Day Services	No	Mental Illness (Org./Psy)	30.9	65 - 74	14.9	1		
Respite Care	No	Mental Illness (Other)	6.9	75 - 84	39.8	I	100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.5	85 - 94	34.6	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.2	95 & Over	4.3	B Full-Time Equivalent		
Congregate Meals Yes		Cancer	2.7			Nursing Staff per 100 Res	idents	
Home Delivered Meals No		Fractures	2.5		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	12.6	65 & Over	93.6			
Transportation	No	Cerebrovascular	8.9			RNs	7.6	
Referral Service	No	Diabetes	10.8	Sex	용	LPNs	14.0	
Other Services	No	Respiratory 5.				Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.2	Male 29.5		Aides, & Orderlies	39.7	
Mentally Ill	No			Female	70.5	1		
Provide Day Programming for			100.0			1		
Developmentally Disabled	Yes				100.0	1		

Method of Reimbursement

		edicare			edicaid itle 19			Other]	Private Pay	:		Family Care			anaged Care			
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	3	6.1	175	0	0.0	0	0	0.0	0	3	0.7
Skilled Care	51	100.0	320	253	80.8	121	0	0.0	0	46	93.9	165	24	100.0	121	0	0.0	0	374	85.6
Intermediate				60	19.2	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	60	13.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	51	100.0		313	100.0		0	0.0		49	100.0		24	100.0		0	0.0		437	100.0

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Conditi	ions, Services	, and Activities as of $12/$	31/02
Deaths During Reporting Period	1						
	1			٩	% Needing		Total
Percent Admissions from:	1	Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	1.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.4		77.8	20.8	437
Other Nursing Homes	16.0	Dressing	11.0		75.7	13.3	437
Acute Care Hospitals	81.8	Transferring	21.3		66.1	12.6	437
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.9		67.0	16.0	437
Rehabilitation Hospitals	0.0	Eating	49.9		39.6	10.5	437
Other Locations	0.5	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	444	Continence		용	Special Trea	tments	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	7.8	Receiving	Respiratory Care	11.0
Private Home/No Home Health	18.8	Occ/Freq. Incontinen	t of Bladder	57.0	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	it of Bowel	52.6	Receiving	Suctioning	0.0
Other Nursing Homes	4.0				Receiving	Ostomy Care	2.3
Acute Care Hospitals	31.5	Mobility			Receiving	Tube Feeding	5.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving	Mechanically Altered Diets	43.2
Rehabilitation Hospitals	0.0						
Other Locations	4.7	Skin Care			Other Reside	nt Characteristics	
Deaths	41.1	With Pressure Sores		5.0	Have Advan	ce Directives	100.0
Total Number of Discharges		With Rashes		5.9	Medications		
(Including Deaths)	448				Receiving	Psychoactive Drugs	51.3

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Nonprofit Facility Peer Group		2	00+	Ski	lled	Al	1		
	Facility			Peer	Group	Peer Group		Faci	lities		
	୍ ଚ	90	Ratio	엉	Ratio	엉	Ratio	90	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	94.7	85.6	1.11	80.4	1.18	84.2	1.13	85.1	1.11		
Current Residents from In-County	92.9	88.1	1.05	83.5	1.11	85.3	1.09	76.6	1.21		
Admissions from In-County, Still Residing	37.2	23.6	1.57	25.1	1.48	21.0	1.77	20.3	1.83		
Admissions/Average Daily Census	102.5	134.2	0.76	101.8	1.01	153.9	0.67	133.4	0.77		
Discharges/Average Daily Census	103.5	140.2	0.74	107.7	0.96	156.0	0.66	135.3	0.76		
Discharges To Private Residence/Average Daily Census	19.4	46.8	0.41	34.2	0.57	56.3	0.34	56.6	0.34		
Residents Receiving Skilled Care	86.3	90.1	0.96	89.6	0.96	91.6	0.94	86.3	1.00		
Residents Aged 65 and Older	93.6	96.3	0.97	90.9	1.03	91.5	1.02	87.7	1.07		
Title 19 (Medicaid) Funded Residents	71.6	52.8	1.36	68.5	1.05	60.8	1.18	67.5	1.06		
Private Pay Funded Residents	11.2	34.8	0.32	18.7	0.60	23.4	0.48	21.0	0.53		
Developmentally Disabled Residents	2.3	0.6	3.68	0.7	3.36	0.8	2.85	7.1	0.32		
Mentally Ill Residents	37.8	35.2	1.07	38.5	0.98	32.8	1.15	33.3	1.13		
General Medical Service Residents	16.2	23.7	0.69	16.9	0.96	23.3	0.70	20.5	0.79		
Impaired ADL (Mean)	47.4	50.5	0.94	52.1	0.91	51.0	0.93	49.3	0.96		
Psychological Problems	51.3	54.7	0.94	54.1	0.95	53.9	0.95	54.0	0.95		
Nursing Care Required (Mean)	9.2	7.2	1.28	7.7	1.19	7.2	1.28	7.2	1.28		